TOWN OF GREENFIELD SCHEDULE OF DEPARTMENTAL BILLS PAYABLE

TO THE TOWN ACCOUNTANT: THE FOLLOWING-NAMED BILLS OF THE ______ DEPARTMENT, AMOUNT IE AGGREGATE TO ______ DOLLARS, HAVE BEEN APPROVED AND YOU ARE _ DEPARTMENT, AMOUNTING IN THE AGGREGATE TO REQUESTED TO PLACE THEM ON A WARRANT FOR PAYMENT. DATE: ____/___ DEPARTMENT HEAD P.O. VENDOR **FUND & ACCOUNT** P. O. **VENDOR NAME** COM. OR **AMOUNT** NUMBER NUMBER NUMBER PART.

GRAND TOTAL TO PAY......